



Washington State Criminal Justice Training Commission

***Qualification date or course # you want to attend (dates are on our [website](#)):**

Retired Law Enforcement Officer Application for LEOSA Certification to Carry a Concealed Firearm

APPLICANT	Applicant's Name (Last, First, Middle)				Home Address (Physical Address, include Mailing address if different)			
	City		State	Zip Code	Date of Birth	Age	Place of Birth (City, State)	
	Sex	Race	Height	Weight	Hair Color	Eye Color	Home Phone No.	Cell Phone No.
	Your Email Address				Social Security Number (Mandatory)			
AGENCY	Your Previous Law Enforcement Agency				Agency Address			
	City		State	Zip Code	Agency Phone Number		Total Service Years	
							Years	Months
	Law Enforcement Position Held – Must prove your position had statutory powers of arrest, i.e.; Police, Trooper, Deputy Sheriff, etc.							Date of Separation:
WEAPON	1	Type – Semi Auto Pistol or Revolver	Make	Model and Caliber		Serial Number		
	2	Type – Semi Auto Pistol or Revolver	Make	Model and Caliber		Serial Number		
	3	Type – Semi Auto Pistol or Revolver	Make	Model and Caliber		Serial Number		
ELIGIBILITY	A Qualified Retired Law Enforcement Officer must meet the following eligibility requirements. Please answer the following questions.							
	Are you retired or separated in good standing from a service with a public agency as a law enforcement officer, for reasons other than mental inability?							Yes or No
	Prior to your separation were you authorized by law to engage in or supervise the prevention, detection, investigation, prosecution, or incarceration of any person for any violation of law and had the statutory powers of arrest?							Yes or No
	Before your separation, were you regularly employed as a law enforcement officer for an aggregate of 10 years or more of service, or were you separated from the agency due to a service-connected disability, as determined by such agency, provided that any applicable probation period had been completed prior to the separation?							Yes or No
	Are you under the influence of alcohol or other intoxicating or hallucinatory drug or substance?							Yes or No
	Are you prohibited by Federal Law from possessing a firearm?							Yes or No
	Are you prohibited by State Law from possessing a firearm?							Yes or No
	Do you possess a photographic identification issued by the law enforcement agency from which you are retired or separated?							Yes or No
SIGNATURES	I do hereby declare and affirm under penalty of perjury that the contents of this application are true and correct to the best of my knowledge, information, and belief and that I am a resident of the State of Washington.							
	Printed Name of Applicant				Signature of Applicant			Date
	Printed Name of Firearms Instructor		Date Received	Signature of Firearms Instructor				
CJTC	____ NEW _____ Date Certificate Issued				FISCAL OFFICE:			
	____ RENEWAL _____ Date ID Card Mailed				____ Date Payment Received _____ Amount of Payment ____ Check #/Cash/MO			

Address: Mail this form and the fee to WSCJTC Fiscal Unit, 19010 1st Avenue South, Burien, WA 98148. If you plan on using the Burien Range, you must prepay to be registered.

Fees: 1st time LEOSA at the Burien Range \$100, renewals \$50. 1st time LEOSA not at Burien range \$50, renewals \$25.

Please note: If you do your qualification at a local gun range or PD and you use an instructor that has not had WSCJTC Handgun Level I or above training within the last 3 years your application will not be processed.